	<u>816121110101012 3 </u>	ument No. . 1 3 4	A. Sts	of j is not r	equired by Feder nent Number
3. Generator's Name and Mailing Address McDonnell Douglas Aircraft Co. 19503 S. Normandie Avenue	an a			894 te Generator's ID	
Torrance, CA 90502 4. Generator's Phone 213) 533-6677 K. L.	Anderson 722 M/S (:6-10		1918161319 14 Gellelatol 2 ID	101015161
5. Transporter 1 Company Name	6. US EPA ID Number	siaiaia	1000	ite Transporter's ID	0/39
J.C.I. Environmental Services 7. Transporter 2 Company Name	8. US EPA ID Number	81:81891 F		te Transporter's ID	Accessoration of the Control of the
Designated Facility Name and Site Address	10. US EPA ID Number	111		nte Facility's ID	
Chem Tech Systems, Inc.				₩ 7 0 8 0 cility's Phone	101313161
3650 E. 26th St. Vernon,CA 90023	CATOORIO	1 G B 1		(213)268-	-9397 14.
11. US DOT Description (Including Proper Shipping Name, H	azard Class, and ID Number)	No.	Туре	Quantity	Unit \ Wt/Vol
a Hazardous Waste Liquid, n.o.s.,	ORM-E, NA9189				State EPA/O
<u> </u>	• *************************************	olola	TIT	01310100	G State
b					EPA/O
C.			1		State
Total					EPA/O
d.					State
		111	l i	1111	EPA/O
J. Additional Descriptions for Materials Listed Above			K. Ha	andling Codes for V	Vastes Listed Ab
Alkaline 2% Paint Solids 5%			C.	<u>01</u>	/d.
UII 1X Water Remainder					17 (17)
15. Special Handling Instructions and Additional Information	GBO	TLE #P	Baa.		
Guide # 31 Use gloves, goggles, & respirator.	HAU	ich in ER 국/	.000 5 Z /	L41)	
91544 16.		HE	Company of P		
GENERATOR'S CERTIFICATION: I hereby declare that and are classified, packed, marked, and labeled, and ar national government regulations.	e in all respects in proper condition	tor transport	by nign	way according to a	ppiicable internat
If I am a large quantity generator, I certify that I have a per to be economically practicable and that I have selected	the practicable method of treatmen	i storage or	DISDOSE	ii currentiv avalladii	e io me amon iii
present and future threat to human health and the envir	od that is available to me and that	can afford.	2		Month
present and future threat to human health and the envir generation and select the best waste management meth		アノゾ		<u> </u>	0.3
present and future threat to human health and the envir- generation and select the best waste management meth Printed/Typed Name			<u>, </u>	1 201 201	Month
Printed/Typed-Name Printed/Typed-Name 17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed-Name	Signature	and land	4 d per s		
present and future threat to human health and the envirogeneration and select the best waste management method. Printed/Typed Name Kris L. Anderson Agent for M.D. A 17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name () WORAGE	Signature	ged be	// <u> </u>	-	
Printed/Typed-Name Printed/Typed-Name 17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed-Name	Signature	ged le	// <u> </u>	<u></u>	Month
Printed/Typed Name Kris L. Anderson Agent for M.D.A 17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name 18. Transporter 2 Acknowledgement of Receipt of Materials	Signature	J			Month
present and future threat to human health and the envirogeneration and select the best waste management method. Printed/Typed Name Kris L. Anderson Agent for M.D./ 17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name (1. 10. 10. 10. 10. 10. 10. 10. 10. 10. 1	Signature Signature	4 m			Month
present and future threat to human health and the envirogeneration and select the best waste management method. Printed/Typed Name Kris L. Anderson Agent for M.D./ 17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name (1. 10. 10. 10. 10. 10. 10. 10. 10. 10. 1	Signature	anifest excel	ot as no	ted in Item 19.	Month

Yellow: TSDF SENDS THIS COPY TO GENERATOR WITHIN 30 DAYS

Kris L. Anderson Agent for M.D		032340
17. Transporter 1 Acknowledgement of Receipt of Materi	۱۱ در پیده در	
Printed/Typed-Name (). No DE/6/1/2	Signature And Super	Month Day Year
18. Transporter 2 Acknowledgement of Receipt of Materi	als \ / \	
Printed/Typed Name	Signature	Month Day Year
		1 1 1 1 1 1

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name Signature

Do Not Write Below This Line

A

YELLOW: GENERATOR RETAINS

Month Day

Year